

Case Number:	CM14-0194030		
Date Assigned:	12/01/2014	Date of Injury:	01/16/2007
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62 year old female with a work injury dated 1/16/07. The diagnoses include sprain of the thoracic region and strain/sprain of the neck. Under consideration are requests for Vicoprofen 7.5/200 mg, Quantity 30 and Lyrica 150mg Quantity 90. A 9/17/14 states that the patient has neck and back pain. The review of system is positive for depression, numbness, headache and insomnia. She reports taking Lyrica which reduced pain and numbness and allows for increase in activity tolerance. She reports resolution with rectal bleeding. She has run out of Oxycodone provided by the VA hospital and would like to resume Vicoprofen. On exam there is decreased thoracic spine painful range of motion with hypersensitivity to touch. There is decreased neck painful range of motion with myospasm in the bilateral trapezius. There is a request for Lyrica; acupuncture; and resuming Vicoprofen. A 9/16/14 progress note states that the patient was taking Lyrica and Vicoprofen. Since restarting Vicoprofen the patient has bloating and a return of rectal bleeding. She reports bowel ischemia and is to follow up with her primary care doctor for gastrointestinal issues. The treatment plan states to stop Vicoprofen due to rectal bleeding and bloating.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Vicoprofen 7.5/200 mg, Quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Workers Compensation (ODG-TWC) Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen Page(s): 92.

Decision rationale: The MTUS states that Vicoprofen is recommended for short term use only (generally less than 10 days). The MTUS states that NSAIDS have associated risk of ulcers and bleeding in the stomach and intestines at any time during treatment. The ODG state that Vicoprofen was approved only based on single dose, post-op pain and is approved to treat acute pain for generally less than 10 days. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis. The documentation suggests that this is being prescribed for longer than the recommend 10 days. Additionally, the patient has rectal bleeding and gastrointestinal issues upon restarting Vicoprofen. Therefore, this request is not medically necessary.

Lyrica 150mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Anti epilepsy medications are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation does not indicate significant functional improvement despite being on Lyrica. Without evidence of objective functional improvement, the request for Lyrica is not medically necessary.